

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION

ASHLEY ADAMS, individually and as the
representative of the Estate of RODNEY
GERALD ADAMS; and WANDA ADAMS,
individually;

CARLETTE HUNTER JAMES, individually and
as the representative of the Estate of KENNETH
WAYNE JAMES; KRISTY JAMES, KRYSTAL
JAMES, KENDRICK JAMES, ARLETT
JAMES, JONATHAN JAMES and KENNETH
EVANS, individually and as heirs-at-law to the
Estate of Kenneth Wayne James, and MARY
LOU JAMES, individually,

CADE HUDSON, individually and as the
representative of the Estate of DOUGLAS
HUDSON,

PLAINTIFFS

v.

BRAD LIVINGSTON, individually and in his
official capacity, JOE OLIVER, NANCY
BETTS, L. FIELDS, JOHN DOE, ROBERT
LEONARD, BRANDON MATTHEWS,
DEBRA GILMORE, SARAH RAINES,
DANNY WASHINGTON, MATTHEW SEDA,
TULLY FLOWERS, DORIS EDWARDS,
LINDA McKNIGHT, REVOYDA DODD,
RICK THALER, WILLIAM STEPHENS,
ROBERT EASON, DENNIS MILLER,
REGINALD GOINGS, and OWEN MURRAY
in their individual capacities, TEXAS
DEPARTMENT OF CRIMINAL JUSTICE, and
UNIVERSITY OF TEXAS MEDICAL
BRANCH

DEFENDANTS

CIVIL ACTION NO.
3:13-cv-217
JURY DEMANDED

Exhibit C

Patient Account: 20005972-517
 Med. Rec. No.: (0150)224516N
 Patient Name: **ALVARADO, DANIEL**
 Age: 44 YRS DOB: 05/22/67 Sex: M Race: S
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/25/11 0754
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

1517660
FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00179

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
 Date/Time of Death: 8/20/2011 10:29 Date/Time of Autopsy: 8/25/2011
 Pathologist/Resident: STOUT/KOSHY Service: TDC CONTRACT
 Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: Sudden death of uncertain cause, but consistent with environmental hyperthermia (postmortem axillary temperature of 105.2 F, simultaneous environmental temperature of 91 F) C1,2
- II. Cardiovascular system:
 A. Coronary arteries: No significant abnormalities identified A5
 B. Heart, myocardium: No significant abnormalities identified A5
- III. Lungs, bilateral: No thromboemboli identified A5
- IV. Other findings:
 A. Body as a whole: No evidence of infection identified A5
 B. Body as a whole: Seropositive for HIV under treatment A5
 C. Body as a whole: No evidence of significant acute injury is identified A5
- COMMENT #1: Advanced decomposition of the body compromised the assessment
- COMMENT #2: The cause of death is judged to be environmental hyperthermia, and the manner of death is judged to be accidental.

RECEIVED

OCT 11 2011 Cm

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***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: **ALVARADO, DANIEL**
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Continued....

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Patient Account: 20005972-517*Med. Rec. No.:* (0150)224516N*Patient Name:* ALVARADO, DANIEL*Age:* 44 YRS *DOB:* 05/22/67 *Sex:* M *Race:* S*Admitting Dr.:* OUTSIDE TDCJ*Attending Dr.:* OUTSIDE TDCJ*Date / Time Admitted:* 08/25/11 0754*Copies to:*

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00179

CLINICAL SUMMARY:

The patient was a 44 year old Hispanic male TDCJ inmate with a past medical history of HIV under treatment and schizophrenia who was found unresponsive in his cell at 0920 on 8-20-11. The patient was taken to the infirmary where he was found to have dilated fixed pupils, no pulse and no respirations, and cardiopulmonary resuscitation was started. His skin was noted to be hot. Axillary body temperature taken at 0928 showed a reading of 105.2 degrees Fahrenheit. Ice packs were placed under his arms and on his back and legs. Emergency Medical Services arrived and transported the patient to Palestine Regional Medical Center where he was pronounced dead at 1029 on 8-20-11. A complete autopsy was done on 8-25-11 at the University of Texas Medical Branch.

JTK/da
08/29/11

Patient Name: ALVARADO, DANIEL*Patient Location:* AUTOPSY*Room/Bed:* -*Printed Date / Time:* 10/06/11 - 1304

Continued....

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GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by left ankle ID as "Daniel Alvarado", is a well developed, lean Hispanic male TDCJ inmate, measuring 67 inches in length, and weighing 156 lbs. according to TDCJ records on 7/19/11. The general appearance is consistent with the reported age of 44 years. Accompanying the body are a pair of white boxer shorts and white t-shirt. Rigor mortis is present in the arms and legs. The head is normocephalic with 0.5 cm of brown hair and prominent frontal balding. There is marked lividity of the head, face, anterior neck and shoulders, with marked marbling of the neck and shoulders which extends down the upper arms changing color from purple to bluish green. The entire back and sides down to the buttocks have extensive purple marbling. The abdomen has marked greenish staining over both sides that extends up to the axilla on the right, and also involves the center of the sternum. Similar areas are seen focally over the anterior surface of the right thigh and lower leg. There are several hypopigmented skin lesions on the abdomen, the largest of which measures 0.5 x 0.3 cm.

The irides are brown in color with equal pupils measuring 0.3 cm in diameter. The corneas are cloudy, the conjunctivae are pale, and the sclerae are white. The nares are patent with no exudate. Dentition is normal. Buccal membranes are normal. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male with sparse hair over the lower legs. The chest diameters are normally proportioned. The abdomen is slightly protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable. The genitalia are normal male circumcised.

The following evidence of medical intervention is present:

1. An endotracheal tube in place along with a blue and white collar
2. EKG leads on the left upper chest (one is right next to the left nipple and the other two are 4 cm below the first one). There is an EKG lead on the left lateral upper arm, the right lateral upper arm, and the left lower quadrant of the abdomen.
3. There is an IV line in the right lower arm
4. There is an IV line in the left antecubital fossa

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 3 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. There is greenish black discoloration of the muscles of the anterior neck and the right costal margin. There are fibrous adhesions from the right upper lobe of the lung to the chest wall. The left and right pleural cavities contain no fluid. The pleural surfaces have marked anthracotic deposits. The anterior surfaces of the heart and lungs have a peculiar grayish pink tinge that may represent decomposition

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Patient Location: **AUTOPSY**
Room/Bed: -
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GROSS DESCRIPTION:

The pericardial sac contains 10 ml of clear orange fluid.

No rib fractures are noted.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains no fluid. There are no adhesions. The colon is dark brown in color except for the sigmoid which appears normal

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 290 gm (normal male 270-360), shape and size are normal. The pericardium is normal. The heart is examined by transverse serial slicing; opening following the flow of blood. The remaining myocardium is without lesions. The endocardium is markedly hemolysed. The left ventricular wall is 1.4 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.4 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps have only age related changes.

Valve circumferences measured on the fresh heart are: tricuspid valve 12 cm (normal 12-13 cm), pulmonic valve 8.2 cm (normal 8.5-9.0 cm), mitral valve 11 cm (normal 10.5-11.0 cm), and aortic valve 8.5 cm (normal 7.7-8.0 cm). The foramen ovale is closed. The heart is very decomposed, collapsing into an almost flat soft mass when placed on the table.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. The coronary arteries are opening longitudinally to reveal minimal atherosclerosis. The aorta exhibits minimal atherosclerosis. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is normal, and the vocal cords are normal. The tracheal mucosa is normal.

Lungs: The right lung weighs 710 gm (normal male 435), and the left 690 gm (normal male 385). The pleural surfaces are smooth with anthracotic pigment bilaterally. The left lung is inflated with formalin before sectioning. The bronchial and vascular trees are normal. The hilar nodes are normal. The lung parenchyma is dark blue and smooth. Both lungs appear to be decomposed, but no other lesions are seen.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is normal

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Patient Account: 20085972-517
Med. Rec. No.: (0150)224516N
Patient Name: **ALVARADO, DANIEL**
Age: 44 YRS DOB: 05/22/67 Sex: M Race: S
Admitting Dr.: OUTSIDE TDCJ
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GROSS DESCRIPTION:

Tongue: The tongue is normal.

Stomach and duodenum: The stomach contains 20 ml of chyme which is dark green. The mucosa is normal.

The duodenal mucosa is normal.

Pancreas: The pancreas is normal. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is normal. The gallbladder contains 20 ml of green bile with no stones. The mucosa is normal. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1550 gm (normal male 1400-1900). The liver is serially sliced to reveal no lesions.

Small Bowel: The bowel is normal throughout. The lumen contains semiliquid material. The mucosa is normal.

Large bowel: The serosa is normal. The lumen contains feces. The mucosa is normal.

The appendix is grossly normal.

Rectum and anus: The rectum is normal. The anus appears to have a small 1 x 1 cm lesion, possibly a condyloma.

Reticulo-Endothelial System: Spleen: The spleen weighs 221 gm (normal 125-195 gm). It is normal.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 120 gm and the left 150 gm (normal male 125-170 gm). The capsules strip with ease to reveal dark red cortical surfaces without lesions. Serial slicing reveals no lesions. The cortices are 0.5 cm thick; the medullas 1.1 cm thick. The pelves and calyces appear normal. The renal pelvic mucosa is normal.

Ureters: The ureters are normal throughout their length, measuring 0.3 cm in

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Patient Name: **ALVARADO, DANIEL**
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GROSS DESCRIPTION:

maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is normal.

Prostate: The prostate is normal. Serial slicing reveals no lesions. The seminal vesicles are normal.

Testes: The right testis weighs 25 gm, and the left 23.2 gm (normal 20-25 gm). The cut surfaces reveal no lesions.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 16.2 gm (normal 10-22 gm). The cut surfaces have no lesions.

Parathyroids: Two very small pieces of tissue were collected for sectioning as possible parathyroids.

Adrenal glands: The right adrenal gland weighs 4.8 gm and the left 7.6 gm (normal 5-6 gm). Serial slices in the transverse plane reveal no lesions.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1530 gm (normal male 1200-1400). The gyri and sulci display a normal pattern without edema. The circle of Willis, basilar and vertebral arteries show no atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Comment: All of the organs appeared to have varying degrees of decomposition.

Blood and vitreous samples were taken for toxicology and hydration status respectively. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

JTK/da
08/30/11

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Patient Name: ALVARADO, DANIEL
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00179

MICROSCOPIC DESCRIPTION:

- All slides are stained with H&E unless otherwise stated
- NPC = No pathologic change
- (Autolysis) after a diagnosis means that post mortem decomposition compromised the assessment

VERTEBRA, slide 1: Bony trabeculae appear normal. Overall marrow cellularity is about 60%; ME ratio is about 3 to 1; all elements have normal maturation (autolysis)

RIGHT LUNG, slide 2: Focal necrosis without reaction around bronchioles consistent with agonal aspiration or post mortem aspiration. These areas also contain bacterial colonies (autolysis)

ADRENAL, LEFT, slide 3: Probably no pathologic change (autolysis)

TESTIS, LEFT, slide 4: No pathologic change

SKIN, PERIANAL, slide 5: No pathologic change

PANCREAS, slide 5: No pathologic change (autolysis)

SKELETAL MUSCLE, PSOAS, slide 6: Probably no pathologic change (autolysis and bacterial overgrowth). No evidence of rhabdomyolysis identified.

PARATHYROID, slide 7: Two lymph nodes with no pathologic change. No parathyroids seen.

THYROID, slide 7: Cannot assess due to peculiar change apparently due to post mortem bacterial overgrowth.

PROSTATE, slide 9: Probably no pathologic change (autolysis)

LIVER, slide 10: Cannot assess due to autolysis.

KIDNEY, RIGHT, slide 11: Cannot assess due to autolysis and post mortem bacterial overgrowth.

SPLEEN, slide 12: Cannot assess due to autolysis

HEART, LEFT, slide 13: Cannot assess due to autolysis and post mortem bacterial overgrowth.

JEJUNUM, slide 14: Probably no pathologic change (autolysis)

COLON, slide 15: Cannot assess due to autolysis

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Patient Account: 20005972-517

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Patient Name: ALVARADO, DANIEL

Age: 44 YRS DOB: 05/22/67 Sex: M Race: S

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Date / Time Admitted: 08/25/11 0754

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Pathology Report

FINAL AUTOPSY REPORT

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MICROSCOPIC DESCRIPTION:

Toxicologic studies of blood were positive for Nortriptyline only, 294 ng/mL, which is in the therapeutic range.

Studies of vitreous fluid were unreliable because of postmortem decomposition (potassium level >14.0 MMOL/L).

LCS/da
09/23/11

Patient Name: ALVARADO, DANIEL

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Patient Name: ALVARADO, DANIEL
Age: 44 YRS DOB: 05/22/67 Sex: M Race: S
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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00179

CLINICAL HISTORY:

The patient was a 44 year old Hispanic male TDCJ inmate with a past medical history of HIV and schizophrenia who was found unresponsive in his cell at 0920 on 8-20-11. The patient was taken to the hospital infirmary where he was found to have no pulse and no respirations and cardiopulmonary resuscitation was started. His skin was noted to be hot. Axillary body temperature taken at 0928 showed a reading of 105.2 degrees Fahrenheit. Ice packs were placed under his arms and on his back and legs. Emergency Medical Services arrived and transported the patient to Palestine Regional Medical Center where he was pronounced dead at 1029 on 8-20-11. A complete autopsy was done on 8-25-11 at the University of Texas Medical Branch.

PATHOLOGIST/RESIDENT: STOUT/KOSHY

GROSS DESCRIPTION:

Submitted for neuropathologic examination are brain (unfixed weight 1530 g), convexity dura, spinal cord with spinal dura (length 26.5 cm, conus medullaris and filum terminale present), and pituitary gland.

The dura is grossly unremarkable. There is no evidence of significant jaundice staining. There is no evidence of acute hemorrhages, subdural membranes, or masses. There is no evidence of thrombosis of the superior sagittal sinus.

External examination reveals the brain to be intact and normally developed with mild fibrous opacification of the convexity leptomeninges. There is no evidence of arachnoid hemorrhage, exudate, focal softening, discoloration, atrophy, or swelling. There is subjective fullness of the cerebellar tonsils, but no brainstem compression or uncal herniation. The major cerebral arteries have no significant atherosclerosis. The circle of Willis has a normal pattern, and no aneurysms or other malformations are identified.

The cerebral hemispheres are sliced coronally, revealing normal anatomic development and mildly dilated cerebral ventricles. The cortical ribbon is normal in thickness and appearance. The cerebral white matter is normally myelinated, but deep white and gray structures are poorly fixed. The gray-white junction is, however, distinct throughout. No focal lesions are identified in the hemispheres.

The brainstem and cerebellum are separated through the cerebellar peduncles, and the cerebellum is sliced sagittally and the brainstem transversely. Both structures are normally developed, and have normal pigmentation of substantia nigra and locus ceruleus. There is no evidence of gross lesions in these structures.

The spinal dura is opened anteriorly, revealing no evidence of extradural, subdural or arachnoid hemorrhage. The spinal cord is sliced transversely at

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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00179

GROSS DESCRIPTION:

0.5 to 1 cm intervals, revealing normal development and no evidence of focal lesions. However, the entire cord is dusky in color and softer than usual for fixed CNS tissue, suggestive of advanced autolysis.

The pituitary gland is intact and normally developed, without external hemorrhages or other lesions. The horizontal cut surface reveals normal anterior and posterior lobes, and no evidence of internal lesions.

Photographs made during gross brain examination: none.

DICTATED BY: GERALD A. CAMPBELL, M.D., PATHOLOGIST
09/08/11

SECTIONS TAKEN:

B1: Pituitary gland; B2: Right frontal, area 8; B3: Right hippocampus; B4: Left basal ganglia; B5: Right cerebellum; B6: Spinal cord.

FINAL DIAGNOSES:

- A. Brain and cranial dura (weight 1530 g):**
1. Leptomeninges, convexity: Mild diffuse fibrosis
2. Brain: Mild acute ischemic change and edema (weight, delayed fixation of internal structures, expansion of cerebellar tonsils, microscopic ischemic changes and vacuolation)
- B. Spinal cord and spinal dura (26.5 cm caudal segment):**
1. Spinal cord: Advanced autolytic changes (dusky coloration and softening) unusual for post-mortem autolysis
- C. Pituitary gland: No abnormalities**

COMMENTS:

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ALVARADO, DANIEL

Patient Account: 20005972-517

Med. Rec. No.: (0150)224516N

Patient Name: **ALVARADO, DANIEL**

Age: 44 YRS DOB: 05/22/67 Sex: M Race: S

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/25/11 0754

Copies to:

GERALD A. CAMPBELL, M.D., PATHOLOGIST

Division of Neuropathology .

(Electronic Signature).

Gross#: 09/08/11

Final: 09/16/11

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Printed Date / Time: **ALVARADO, DANIEL**

AUTOPSY

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Autopsy No.: AU-11-00179

CLINICOPATHOLOGIC CORRELATION:

The diagnosis of environmental hyperthermia was based on the postmortem axillary temperature of 105.2 F, and the lack of any other cause of death despite a complete autopsy and blood toxicologic studies.

LCS/LCS
10/05/11

L. CLARKE STOUT, M.D., PATHOLOGIST
L. CLARKE STOUT, M.D., PATHOLOGIST
10/06/11

(Electronic Signature)

Patient Name: ALVARADO, DANIEL
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END OF REPORT

Patient Account: 20005972-517
Med. Rec. No.: (0150)0145754
Patient Name: **COOK, CHARLES LEE**
Age: 54 YRS DOB: 11/02/57 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/09/11 1322
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Pathology Report

1457546
FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
Date/Time of Death: 8/8/2011 04:45 Date/Time of Autopsy: 8/10/2011
Pathologist/Resident: CAMPBELL/KOSHY Service: TDC CONTRACT
Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

- I. Clinical history of hyperthermia (axillary temperature of 107.9 degrees Fahrenheit)
- | | |
|--|----|
| A. Lungs, bilateral: pulmonary edema | A4 |
| B. Brain: congestion (1670 grams) | A4 |
| C. Blood toxicology positive for chlorpromazine (2.2 mcg/ml) | A4 |
| D. Blood toxicology positive for carbamazepine (65 ng/ml) | A4 |
| E. Liver: Autolysis | A4 |
| F. Kidneys, bilateral: Autolysis | A4 |
| G. Colon: Autolysis | A4 |
| H. Ileum: Autolysis | A4 |
- II. Other findings:
- | | |
|---|----|
| A. Heart: Cardiomegaly (weight 420 grams) | A3 |
| 1. Heart, left ventricle: Myocyte hypertrophy | A3 |
| B. Heart, left anterior descending artery: Atherosclerosis encompassing 60% of the lumen at maximal obstruction | A3 |
| 1. Heart, subendocardium: Fibrosis | A3 |
| C. Heart, ventricles: Biventricular dilation | A3 |
| D. Arteries, aorta: Atherosclerosis of approximately 20% of surface area, predominantly infrarenal | A5 |
| E. Heart, epicardium: Small focal collections of lymphocytes in the epicardium | A5 |
| F. Spleen: Congestion | A5 |

RECEIVED

FEB 27 2012 CM

COPIED AND SENT

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: **COOK, CHARLES LEE**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 02/17/12 - 1310

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)0145754
Patient Name: **COOK, CHARLES LEE**
Age: 54 YRS DOB: 11/02/57 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/09/11 1322
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

CLINICAL SUMMARY:

This patient was a 53 year old white TDCJ inmate with a past medical history of schizoaffective disorder, mild mental retardation, and hypertriglyceridemia, who was found unresponsive in his cell on 8-8-11 at 3:00 AM. The patient had no pulse or respirations. His skin was hot and dry, pupils were non reactive and dilated, and his face and nail beds were cyanotic. Cardiopulmonary resuscitation was started. An automatic external defibrillator was used which advised no shock and to continue resuscitation. Emergency medical services arrived, and an electrocardiogram was conducted and analyzed. It showed asystole, and resuscitation was subsequently stopped. The patient expired on 8-8-11 at 3:35 AM. Approximately 40 minutes after resuscitation was completed, axillary body temperature was recorded to be 107.9 degrees Fahrenheit.

JTK/da
08/11/11

Patient Name: **COOK, CHARLES LEE**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 02/17/12 - 1310

Continued....

Patient Account: 20005972-517
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FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00166

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by right ankle identification as "Charles Cook", is a well developed, well nourished, white male, measuring 183 cm in length, and weighing approximately 200 lbs according to recent medical records. The general appearance is consistent with the reported age of 53 years. Rigor mortis is present in the arms and legs and there is fixed lividity on the posterior surfaces. The head is normocephalic with sparse white scalp hair. There are bluish-green areas of skin on the lateral surfaces of the lower chest wall and in the abdomen consistent with decomposition. These are seen bilaterally. There is also that same discoloration at the umbilicus.

The irides are blue in color with equal pupils measuring 0.3 cm in diameter. The corneas are cloudy, the conjunctivae are pale, and the sclerae are white. The nares are patent with no exudate. The patient has poor dentition. Buccal membranes are normal. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. The abdomen is slightly protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is remarkable for lividity. The arms are remarkable for cyanotic nail beds. The legs are unremarkable. There is fecal material on the posterior upper legs bilaterally. The genitalia are normal circumcised male for the age.

The following evidence of medical intervention is present: There is an endotracheal retractor in the patient's mouth. There is EKG leads on the right and left shoulders approximate in the area of the clavicles. There is an EKG lead on the right abdomen just parallel to the umbilicus.

The following marks and scars are present: No marks or scars were seen.

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 1.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. Both pleural cavities contain no fluid.

The pericardial sac contains no fluid. No rib fractures are noted.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains no fluid. There are no adhesions.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 420 gm (normal male 270-360)

Patient Name: **COOK, CHARLES LEE**
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Room/Bed: -
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Continued....

Patient Account: 20005972-517
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Patient Name: **COOK, CHARLES LEE**
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FINAL AUTOPSY REPORT

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Autopsy No.: AU-11-00166

GROSS DESCRIPTION:

and is normal in shape, slightly increased in size. The pericardium is normal. There is approximately 90% of the surface area of the heart covered with epicardial fat. The heart has a general appearance and texture consistent with decomposition. The heart is examined by transverse serial slicing. The remaining myocardium is normal. The endocardium is normal. The left ventricular wall is 1.5 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 12.5 cm (normal 12-13 cm), pulmonic valve 8.5 cm (normal 8.5-9.0 cm), mitral valve 11.6 cm (normal 10.5-11.0 cm), and aortic valve 8.4 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. The coronary arteries reveal moderate atherosclerotic disease with approximately 60% occlusion of the left anterior descending artery located about 4 cm from the origin. There is no evidence of hemorrhage or thrombosis. The aorta exhibits approximately 20% of the surface area with atherosclerosis located mostly below the level of the renal arteries. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is normal, and the vocal cords are normal. The tracheal mucosa is normal.

Lungs: The right lung weighs 1070 gm (normal male 435), and the left 880 gm (normal male 385). The pleural surfaces are smooth and contain anthracotic pigment bilaterally. The left lung is inflated with formalin before sectioning. The bronchial and vascular trees are normal. The hilar nodes are normal. The lung parenchyma is purple and smooth with fine porosity. Both lungs show edema and congestion.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is normal. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue has a finely granular surface with no coating.

Stomach and duodenum: The stomach contains 20 ml of chyme which is dark green and smooth. The mucosa is normal.

Patient Name: **COOK, CHARLES LEE**
Patient Location: **AUTOPSY**
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Continued....

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GROSS DESCRIPTION:

The duodenal mucosa is normal.

Pancreas: The pancreas has a normal conformation. It is tan-yellow, normally lobulated. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains 30 ml of dark green bile with no stones. The mucosa is dark green and smooth. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1350 gm (normal male 1400-1900). The liver surface is smooth and homogeneous. The liver is serially sliced to reveal a homogeneous lobular pattern. The cut surface is dark green and smooth without focal abnormality. The liver has a general appearance of decomposition.

Small Bowel: The serosa has no adhesions. The bowel is normal throughout. The lumen contains semi-liquid material. The mucosa is normal. The small bowel has a general appearance of decomposition.

Large bowel: The serosa has no adhesions. The lumen contains feces. The mucosa is normal. The large bowel has a general appearance of decomposition.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal. There is fecal material coming from the anus.

Reticulo-Endothelial System: Spleen: The spleen weighs 138.5 gm (normal 125-195 gm). It is normal in shape, size, density and color.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are symmetric. The right kidney weighs 140 gm and the left 160 gm (normal male 125-170 gm). The capsules strip with ease to reveal dark red cortical surfaces. Serial slicing reveals well demarcated cortico-medullary junctions. The cortices are 0.5 cm thick; the medullas 1.1 cm thick. Perihilar adipose tissue is increased. The kidneys have a general appearance of decomposition.

Patient Name: **COOK, CHARLES LEE**
Patient Location: **AUTOPSY**
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Continued....

Patient Account: 20005972-517

Med. Rec. No.: (0150)0145754

Patient Name: **COOK, CHARLES LEE**

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Admitting Dr.: OUTSIDE TDCJ

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GROSS DESCRIPTION:

Ureters: The ureters are normal throughout their length, measuring 0.3 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is normal. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

Testes: The right testis weighs 25 gm, and the left 22.9 gm (normal 20-25 gm). The tunicae albugineae are tan-white, smooth and glistening. The cut surfaces are soft and tan-yellow, with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 24.2 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent, red-brown.

Parathyroids: The parathyroids could not be identified.

Adrenal glands: The right adrenal gland weighs 10.4 gm and the left 13.1 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1670 gm (normal male 1200-1400). The gyri and sulci display a normal pattern without edema or atrophy. The leptomeninges show no atherosclerosis. The circle of Willis, basilar and vertebral arteries show no atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Blood and vitreous samples were retained for potential further testing. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

JTK/da
08/15/11

Patient Name: **COOK, CHARLES LEE**

Patient Location: **AUTOPSY**

Room/Bed: -

Printed Date / Time: 02/17/12 - 1310

Continued....

Page: 6

Patient Account: 20005972-517
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

MICROSCOPIC DESCRIPTION:

All slides H & E unless stated otherwise. Autolysis means post mortem decomposition compromised the assessment.

Vertebrae, slide 1: 60-70% cellularity; thin trabeculae; normal mixture of erythroid precursors, myeloid precursors and megakaryocytes

Adrenal, slide 2: No pathologic change

Testis, slide 3: Active spermatogenesis; no pathologic change

Pancreas, slide 4: No pathologic change

Thyroid, slide 5: No pathologic change

Liver, slide 6: Severe autolysis, otherwise no pathologic change

Lung, left, slide 7: moderate edema; post mortem bacterial overgrowth; no thromboemboli or pneumonia noted

Lung, right, slide 8: moderate to severe edema; multifocal areas of hemorrhage; no thromboemboli or pneumonia noted

Kidney, right, slide 9: Autolysis, otherwise no pathologic change

Kidney, left, slide 10: Autolysis, otherwise no pathologic change

Heart, subendocardium, slide 11: thickened and fibrotic chordae tendineae; no evidence of acute ischemic change

Heart, right, slide 12: No pathologic change

Heart, left, anterior, slide 13: myocyte hypertrophy; no evidence of acute ischemic change

Heart, left, lateral, slide 14: small focal collection of lymphocytes in epicardium; no evidence of acute ischemic change

Heart, left, posterior, slide 15: myocyte hypertrophy; no evidence of acute ischemic change

Heart, septum, slide 16: No pathologic change

Spleen, slide 17: Congestion; normal amount of red and white pulp; no evidence of increased neutrophils

Patient Name: **COOK, CHARLES LEE**
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Continued....

Patient Account: 20005972-517
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MICROSCOPIC DESCRIPTION:

Ileum, slide 18: Autolysis, otherwise no pathologic change

Colon, slide 19: Autolysis, otherwise no pathologic change

Blood toxicology was positive for Carbamazepine, 2.2 mcg/ml (reporting threshold = 2.0 mcg/ml) and Chlorpromazine, 65 ng/ml (reporting threshold = 50 ng/ml).

Vitreous electrolytes were non-contributory

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09/19/11

Patient Name: **COOK, CHARLES LEE**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 02/17/12 - 1310

Continued....

Patient Account: 20005972-517
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

CLINICOPATHOLOGIC CORRELATION:

This patient was a 53 year old white TDCJ male inmate found unresponsive in his cell on 8-8-11. The patient was pronounced dead the same day. An autopsy was done two days later on 8-10-11. His past medical history includes schizoaffective disorder, mild mental retardation and hypertriglyceridemia. His medications included chlorpromazine and carbamazepine.

Upon external examination of the body, it was noted that there were greenish areas around the abdomen consistent with decomposition. The kidneys, liver, and lower gastrointestinal tract showed autolytic changes microscopically. The lungs were found to be grossly and microscopically edematous. However, no pneumonias or other infectious processes were found. The spleen was noted to be congested. But again, there was no evidence of any systemic infection, which would manifest as increased neutrophils in the spleen. Toxicology was positive for both of his medications, chlorpromazine and carbamazepine, at recognized therapeutic levels. [Ref. 1]

The patient had multiple cardiovascular findings including cardiomegaly with myocyte hypertrophy seen microscopically, likely secondary to hypertension although that condition is not included in his medical history. There was an area of chordae tendineae fibrosis and the left anterior descending artery had atherosclerosis encompassing 60% of the lumen at maximal obstruction. Both ventricles were dilated and there was atherosclerotic disease of approximately 20% surface area of the aorta, located mostly below the levels of the renal arteries. It is unlikely, however, that any of these cardiovascular findings contributed significantly to the patient's death, given the clinical history.

Since this patient had an elevated body temperature, we felt it prudent to rule out all infectious causes. As stated above, there were no obvious sources of infections that could be identified in the various tissues, such as pneumonia or a kidney infection. No record of any blood, urine, or sputum cultures could be found, precluding direct evidence of infection as the cause of the hyperthermia.

It should be noted that chlorpromazine is a phenothiazine derivative known to interfere with heat dissipation. Afferent neurons into the hypothalamus, which is the body's temperature regulator, are inhibited by phenothiazines. The normal response to increased body temperature is to increase blood flow to the skin. However, this inhibition by phenothiazines leads to decreased cutaneous blood flow. This results in decreased heat dissipation and eventually hyperthermia.

Our conclusion from clinical history and autopsy evidence in this case is that the cause of death is hyperthermia and the manner of death is accidental.

References.

1. Winek, C.L., et al. Drug and chemical blood-level data 2001. Forensic Sci.

Patient Name: **COOK, CHARLES LEE**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 02/17/12 - 1310

Continued....

Patient Account: 20005972-517

Med. Rec. No.: (0150)0145754

Patient Name: COOK, CHARLES LEE

Age: 54 YRS DOB: 11/02/57 Sex: M Race: C

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Autopsy No.: AU-11-00166

CLINICOPATHOLOGIC CORRELATION:

Int. 2001. 122:107-123.

JTK/da

09/19/11

GERALD A. CAMPBELL, M.D., PATHOLOGIST

02/17/12

(Electronic Signature)

Patient Name: COOK, CHARLES LEE

Patient Location: AUTOPSY

Room/Bed: -

Printed Date / Time: 02/17/12 - 1310

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END OF REPORT

Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

Patient Name: HINOJOSA, ALBERT

Age: 44 YRS DOB: 05/22/68 Sex: M Race: S

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/30/12 0846

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Pathology Report

1802681
FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

AUTOPSY INFORMATION:

Occupation: INMATE

Birthplace: UNKNOWN

Residence: TEXAS

Date/Time of Death: 8/29/12 1:50

Date/Time of Autopsy: 8/30/12

Pathologist/Resident: CAMPBELL/VAN DELLEN

Service: TDC CONTRACT

Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

- | | |
|---|----|
| I. Body as a whole: Clinical history of morbid obesity, seizure of unknown origin, and hyperkalemia | C2 |
| II. Heart: Cardiomegaly. Weight: 552 g; hypertrophy | A4 |
| A. Right ventricle: Dilatation | A4 |
| B. Lungs, bilateral: Congestion | A4 |
| III. Other findings: | |
| A. Kidneys: Early diabetic changes including glomerular hypertrophy | A3 |
| B. Biliary system: Cystic duct occlusion by white/tan stone, 1.5 x 1.5 cm | A3 |
| 1. Gallbladder lumen: 5 tan/white stones, 1.5 x 1.5 cm | A3 |
| 2. Gallbladder wall: Diffuse thickening | A3 |
| C. Liver: Macrosteatosis | A3 |
| D. Thyroid: 1-x 1 cm adenoma | A5 |

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HINOJOSA, ALBERT

01/15/12 10:00 AM

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.

IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: HINOJOSA, ALBERT

Patient Location: AUTOPSY

Room/Bed: -

Printed Date / Time: 11/15/12 - 1310

Continued....

Page: 1

Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

Patient Name: HINOJOSA, ALBERT

Age: 44 YRS DOB: 05/22/68 Sex: M Race: S

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

CLINICAL SUMMARY:

The decedent was a 44 year-old morbidly obese Hispanic male incarcerated at TDCJ, with a history of hypertension, hyperlipidemia, diabetes type II, paranoid schizophrenia, and depression. On August 29th, 2012, he was found in his cell having a seizure. He was transported to Christus Spohn hospital in Beeville, TX, and upon arrival to the emergency department, his heart rate was 175 bpm. Although his core temperature was not recorded in the emergency room records, his skin was noted to be hot, and the ambient temperature in the cell around the time of the seizure was recorded to be 92 degrees Fahrenheit. He was pronounced deceased on August 29th, 2012 at 0150 hours. A complete autopsy was performed on August 30, 2012.

MVD/da
11/07/12

Patient Name: HINOJOSA, ALBERT

Patient Location: AUTOPSY

Room/Bed: -

Printed Date / Time: 11/15/12 - 1310

Continued....

Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

GROSS DESCRIPTION:

CLOTHING AND PERSONAL EFFECTS: None

THERAPEUTIC INTERVENTION:

1. Endotracheal tube
2. Anterior thorax: 5 EKG pads
3. Anterior thorax: 2 defibrillator pads
4. Left upper extremity: 1 defibrillator pad
5. Right upper extremity: 1 defibrillator pad
6. Left lower extremity: 1 defibrillator pad
7. Right lower extremity: 1 defibrillator pad
8. Right antecubital fossa area: Intravenous catheter
9. Right hand, second digit: Bandaid covering puncture wound
10. Left upper extremity: Puncture wound with surrounding ecchymosis
11. Left hand, second digit: Pulse oximeter
12. Left hand, dorsum: Puncture wound with surrounding edema and ecchymosis

EXTERNAL EXAMINATION: The body, identified by name on the left wrist band, is that of a 54-year-old obese Hispanic male, with a body length of 184 cm. Rigor mortis is present in the mandible and all four extremities. The skin is intact; with red/pink and slightly blanchable lividity present in the face, anterior and posterior neck, and posterior thorax. The head and face are shaven with black stubble present on the scalp and chin. There is black hair on the supraorbital ridges. The calvarium is symmetric and intact to palpation and the scalp is intact. The cornea are cloudy, and the conjunctivae are injected, with focal hemorrhage in the right lateral sclera. The irides are brown and the pupils are 0.4 cm bilaterally. Dentition is poor.

The following marks and scars are present:

- " Anterior thorax: 1 x 1 cm abrasion
- " Bilateral upper extremities: White striae
- " Abdomen, bilateral hypochondriac and lumbar regions: White striae
- " Left patellar region: 2 white scars, 2 x 2 cm each
- " Left anteromedial leg: White scar, 2 x 1.5 cm
- " Left anterior ankle: 2 red scabs, 1 x 2 cm each
- " Right anteromedial leg: 2 white scars, 1 x 0.2 cm, and 1 x 1 cm, respectively

INTERNAL EXAMINATION: The body is opened using a Y-shaped incision from the xiphoid process to reveal a 6.0 cm panniculus and the thoracic organs in the correct anatomic position. There is mediastinal soft tissue hemorrhage present, and fractures of the left 2nd through 5th ribs.

SEROUS CAVITIES: The pericardial space contains 50 mL of serosanguinous fluid. The right and left pleural spaces each contain 20 mL serosanguinous fluid. There is no appreciable accumulation of fluid in the peritoneal space.

Patient Name: HINOJOSA, ALBERT

Patient Location: AUTOPSY

Room/Bed: -

Printed Date / Time: 11/15/12 - 1310

Continued....

Patient Account: 20005972-517
 Med. Rec. No.: (0150)564760Q
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 Age: 44 YRS DOB: 05/22/68 Sex: M Race: S
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted : 08/30/12 0846
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 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2859

Autopsy No.: AU-12-00188

GROSS DESCRIPTION:

CARDIOVASCULAR SYSTEM: The heart weighs 552 g (normal 270-360 g). The left ventricular wall is 1.5 cm (normal 1.0-1.8 cm) in thickness at the junction of the posterior papillary muscle and free wall. The right ventricle is dilated, and 0.4 cm (normal 0.25-0.3 cm) thick, measured 2cm below the pulmonic valve annulus, anteriorly. The cardiac valves are unremarkable. Valve circumferences measured on the fresh heart are: tricuspid valve 10.5 cm (normal 12-13 cm), mitral valve 11 cm (normal 10.5-11.5 cm), aortic valve 8.5 cm (normal 7.7 cm-8 cm), pulmonic valve 8.8 cm (normal 8.5-9 cm). The foramen ovale is closed. The endocardium is smooth, and the majority of the anterior surface of the heart is covered with epicardial fat.

No significant stenosis is observed in the coronary arteries. The posterior circulation is right dominant. The thoracic and abdominal aorta and major branches are intact. There is no embolus or thrombus observed in the pulmonary artery. There is moderate fatty streaking of the infrarenal aorta. The celiac, superior and inferior mesenteric, renal, and iliac arteries are normal. The superior and inferior vena cavae and portal vein are normal.

RESPIRATORY SYSTEM: The neck presents an intact hyoid bone as well as thyroid and cricoid cartilages. The larynx is comprised of unremarkable vocal cords and folds, appearing widely patent without foreign material, and is lined by smooth, glistening membrane. The epiglottis is a characteristic plate-like structure, and grossly unremarkable. The trachea is in the midline and mucosa is mildly congested. The right lung weighs 550 g and the left 460 g. Both lungs have a pink surface with occasional anthracotic pigment, and serial sectioning reveals a congested parenchyma. There is a thick brown mucoid substance in the bilateral bronchi.

GASTROINTESTINAL SYSTEM: The tongue has a finely granular surface and is unremarkable. The pharynx and esophagus are intact with diffusely congested mucosa. The stomach is intact with unremarkable mucosa and contains approximately 50 mL of brown-green fluid. There are patchy areas of mucosal congestion in the small and large bowel, which are otherwise unremarkable. The appendix is present and grossly normal.

The liver weighs 2,100 g (normal 1400-1900 g). The surface is smooth and glistening, with patchy areas of pale discoloration. Serial slicing reveals a diffusely smooth and pink parenchyma with patchy areas of pale discoloration.

The gallbladder wall is tan/pink and thickened. The lumen contains 200 mL of clear, white fluid, and 5 tan/white stones, each measuring 1.5 x 1.5 cm. The cystic duct is occluded with a 1.5 x 1.5 cm tan/white gallstone.

GENITOURINARY SYSTEM: The renal cortical surfaces have patchy areas of

Patient Name: HINOJOSA, ALBERT
 Patient Location: AUTOPSY
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Continued....

Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

Patient Name: HINOJOSA, ALBERT

Age: 44 YRS DOB: 05/22/68 Sex: M Race: S

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/30/12 0846

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

GROSS DESCRIPTION:

congestion and pitting. The capsules do not strip with ease. The right and left kidneys each weigh 200 g. There is congestion at the cortico-medullary junction. The right cortex and medulla are 0.8 cm and 1.5 cm, respectively, and the left cortex and medulla are 0.8 cm and 1.0 cm, respectively. The renal columns of Bertin extend between the well demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. No calculi are observed. The renal arteries and veins are unremarkable.

The ureters are of normal caliber lying in their course within the retro peritoneum and are probe-patent into the urinary bladder. The urinary bladder mucosa is unremarkable.

Prostate: The prostate is tan in color, and appears normal in size. Serial slicing reveals a uniformly smooth, tan surface.

Testes: The right and left testes weigh 34 g and 32 g, respectively (normal 20-25 g). The tunicae albugineae are tan/white, smooth and glistening. The cut surfaces are tan/yellow, and the tubules string with ease.

HEMATOPOIETIC SYSTEM: The spleen weighs 250g (normal 125-195 g). The cut surface reveals a dark red, congested parenchyma.

ENDOCRINE SYSTEM: The thyroid gland weighs 20 g (normal 10-22 g), presenting two well-defined lobes with connecting isthmus and a beefy brown cut-surface, and a tan, well-circumscribed nodule which measures 1 x 1 cm. The parathyroids are identified and submitted for histological examination. The right and left adrenal glands weigh 10.8 g and 8 g, respectively. There is a 2.5 x 2 cm multinodular mass in the left adrenal gland cortex. The adrenal glands are otherwise unremarkable

CENTRAL NERVOUS SYSTEM: The scalp is intact without contusions or lacerations. There is hyperostosis frontalis interna observed in the calvarium, which is otherwise unremarkable. The brain weighs 1,470 g (normal 1200-1400 g), and is fixed in formalin for later examination by a neuropathologist.

SPINAL CORD: The spinal cord is fixed and formalin for later examination by a neuropathologist.

Toxicologic Tests:

Postmortem blood obtained from femoral vein was sent for toxicologic testing to Aegis Sciences Corporation Laboratory, Nashville, TN. Positive results are summarized in the next section.

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Patient Name: HINOJOSA, ALBERT

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Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

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Age: 44 YRS DOB: 05/22/68 Sex: M Race: S

Admitting Dr.: OUTSIDE TDCJ

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FINAL AUTOPSY REPORT

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Autopsy No.: AU-12-00188

GROSS DESCRIPTION:

10/26/12

Patient Name: HINOJOSA, ALBERT

Patient Location: AUTOPSY

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Continued....

Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

Patient Name: HINOJOSA, ALBERT

Age: 44 YRS DOB: 05/22/68 Sex: M Race: S

Admitting Dr.: OUTSIDE TDCJ

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

MICROSCOPIC DESCRIPTION:

Note: All slides are stained with H&E unless otherwise specified.

NPC = No Pathologic change

(autolysis) after a diagnosis means that post mortem decomposition compromised the assessment

Adrenal gland, right, slide 1: NPC

Adrenal gland, left, slide 2: NPC

Thyroid, slide 3: Follicular adenoma

Parathyroid, slide 4: NPC

Thymus, slide 5: NPC

Testes, slide 6: Active spermatogenesis; focal tubular sclerosis

Heart, slides 7-10: Hypertrophy

Kidneys, slide 11: Probably early diabetic changes including glomerular hypertrophy; mild atherosclerosis. Autolysis.

Lungs, slides 12 and 13: NPC

Liver, slide 14: Macrosteatosis

Spleen, slide 15: NPC

Esophagus, slide 16: NPC

Stomach, slide 17: NPC

Pancreas, slide 18: NPC

Duodenum, slide 19: NPC

Colon, slide 20: NPC (autolysis)

Rectum, slide 21: NPC (autolysis)

Prostate, slide 22: Focal prostatitis

Vertebra, slide 23: > 50% cellularity, NPC

Toxicologic Results:

Patient Name: HINOJOSA, ALBERT

Patient Location: AUTOPSY

Room/Bed: -

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Continued....

Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

Patient Name: HINOJOSA, ALBERT

Age: 44 YRS DOB: 05/22/68 Sex: M Race: S

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

MICROSCOPIC DESCRIPTION:

Tests performed included: Aegis #'s 40599 Profile-ME Comprehensive, 70511 - Confirmation Amphetamines, 70592 - Atypical Antidepressant Conf, and 71470 - Confirmation Lidocaine. Fluoxetine analysis was performed at NMS Labs, Willow Grove, PA.

Fluoxetine level: 530 ng/mL (0.530 ug/mL)
Desmethylfluoxetine (Norfluoxetine): 360 ng/mL (0.360 ug/mL)
reporting threshold for both is 50 ng/mL

Lidocaine level: 644 ng/mL with 250 ng/mL reporting threshold.
All other analytes were negative.

The original report from Aegis Labs is filed in the Autopsy Division, UTMB Galveston.

MVD/da
11/07/12

Patient Name: HINOJOSA, ALBERT

Patient Location: AUTOPSY

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Patient Account: 20005972-517
Med. Rec. No.: (0150)564760Q
Patient Name: HINOJOSA, ALBERT
Age: 44 YRS DOB: 05/22/68 Sex: M Race: S
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2859

Autopsy No.: AU-12-00188

CLINICAL HISTORY:

The decedent was a 44 year old morbidly obese Hispanic male incarcerated at TDCJ, with a history of hypertension, hyperlipidemia, diabetes type II, paranoid schizophrenia, and depression. On August 29th, 2012, he was found in his cell having a seizure and was transported to Christus Spohn Hospital in Beeville, TX. He was pronounced deceased on August 29th, 2012 at 0150 hours. A complete autopsy was performed on August 30, 2012. The cause of death is undetermined by the gross autopsy, and further studies, including microscopic and toxicologic examinations, are pending. The manner of death is undetermined.

PATHOLOGIST/RESIDENT: CAMPBELL/VAN DELLEN

GROSS DESCRIPTION:

Submitted for neuropathologic examination are brain (unfixed weight 1470 g), convexity and posterior fossa dura, spinal cord with spinal dura (length 35 cm, conus medullaris and filum terminale present), and pituitary gland.

The dura is grossly unremarkable. There is no evidence of jaundice staining. There is no evidence of acute hemorrhages, subdural membranes, or masses. There is no evidence of thrombosis of the superior sagittal sinus.

External examination reveals the brain to be intact and normally developed with mild fibrosis of the convexity leptomeninges. There is no evidence of arachnoid hemorrhage, exudate, focal softening, discoloration, atrophy, swelling or herniation. The major cerebral arteries do not have significant atherosclerosis. The circle of Willis has a normal pattern, and no aneurysms or other malformations are identified.

The hemispheres are sliced coronally, revealing normal anatomic development and normal cerebral ventricles. The cortical ribbon is normal in thickness and appearance, the cerebral white matter is normally myelinated, and the gray-white junction is distinct throughout. No focal lesions are identified in the hemispheres.

The brainstem and cerebellum are separated through the cerebellar peduncles, and the cerebellum is sliced sagittally and the brainstem transversely. Both structures are normally developed, and have normal pigmentation of substantia nigra and locus ceruleus. There is no evidence of focal lesions.

The spinal dura is opened anteriorly, revealing no evidence of extradural, subdural or arachnoid hemorrhage. The spinal cord is sliced transversely at 0.5 to 1 cm intervals, revealing normal development and no evidence of parenchymal lesions.

The pituitary gland is intact and normally developed, without external

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Patient Account: 20005972-517
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Patient Name: HINOJOSA, ALBERT
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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2859

Autopsy No.: AU-12-00188

GROSS DESCRIPTION:

hemorrhages or other lesions. The horizontal cut surface reveals normal anterior and posterior lobes, and no evidence of internal lesions.

Photographs made during gross brain examination: none.

Dictated by: GERALD A. CAMPBELL, M.D., PATHOLOGIST
11/14/12

SECTIONS TAKEN:

B1: Pituitary gland; B2: Right frontal, area 8; B3: Right basal ganglia; B4: Left hippocampus; B5: Left cerebellum.

FINAL DIAGNOSES:

A. Brain and cranial dura (weight 1470 g):

1. Leptomeninges, convexity: Mild fibrosis
2. Basal ganglia: Small vessel disease, mild (see comment)

B. Spinal cord and spinal dura (35 cm caudal segment): No gross abnormalities

C. Pituitary gland: No gross or microscopic abnormalities

COMMENTS:

Small vessel disease in this context refers to medial thickening and/or hyalinization of small parenchymal arteries and arterioles, and in some cases increased adventitial collagen of small veins and venules.

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409) 772-2858.

GERALD A. CAMPBELL, M.D., PATHOLOGIST
Division of Neuropathology

Patient Name:
Patient Location:
Room/Bed:
Printed Date / Time: 11/15/12 1311
HINOJOSA, ALBERT
AUTOPSY

Page:

Patient Account: 20005972-517
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Patient Name: HINOJOSA, ALBERT
Age: 44 YRS DOB: 05/22/68 Sex: M
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Attending Dr.: OUTSIDE TDCJ
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Pathology Report

(Electronic Signature).

Gross: 11/14/12
Final: 11/14/12

Patient Name:
Patient Location:
Room/Bed:
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AUTOPSY

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Patient Account: 20005972-517
 Med. Rec. No.: (0150)564760Q
 Patient Name: HINOJOSA, ALBERT
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

CLINICOPATHOLOGIC CORRELATION:

The decedent was found to be having a seizure of unknown origin. Some of the predisposing factors of seizures, which may be implicated in this case, include hyperthermia and certain medications such as antipsychotics. The ambient temperature of 92 degrees Fahrenheit, along with a clinical history of morbid obesity and the use of antipsychotic medication, are all factors which may have predisposed him to hyperthermia and/or seizure activity.

Hyperthermia may occur when the body produces an excessive amount of heat, or cannot adequately dissipate heat, such as when exposed to extreme environmental temperatures. As the core temperature increases, there is an increase in metabolic rate and oxygen consumption. Enzymes are affected by changes in temperature, as these proteins require a certain temperature and pH range beyond which they begin to denature. Injury to the cell membrane occurs, and tissues begin to leak potassium into the circulatory system. The electrical conduction system of the heart is exquisitely sensitive to potassium, and a serum level above the upper limit of normal, such as was seen in this case, can potentially induce a cardiac arrhythmia. Hyperthermia and seizure activity can both cause a dangerous increase in heart rate, and lead to cardiac arrhythmias, which was likely the mechanism of death in this case.

Toxicologic analysis revealed levels of fluoxetine (Prozac) and its active metabolite norfluoxetine of 0.530 and 0.360 ug/mL, respectively. No other antipsychotic drugs were detected. Blood levels in patients receiving therapeutic doses of fluoxetine have been reported in the ranges of 0.09 to 0.473 (fluoxetine) and 0.18 to 0.466 (norfluoxetine) ug/mL [1], [2]. The levels reported for this decedent are consistent with therapeutic doses and not close to the lowest levels reported in fatal overdoses (1.3 and 0.9 ug/mL respectively). The mild elevation of fluoxetine over the reported therapeutic range may be due to hemoconcentration or post-mortem redistribution. Therapeutic levels of fluoxetine are not specifically associated with either seizures or increased susceptibility to environmental hyperthermia. The measured lidocaine level is relatively low, and is consistent with use as a local anesthetic.

In summary, this decedent had significant predisposing conditions including morbid obesity, diabetes with renal disease, and hypertension with cardiomegaly. The clinical history and record of hyperkalemia suggest environmental hyperthermia leading to fatal cardiac arrhythmia. The body temperature prior to death was not recorded and the autopsy can not provide direct evidence of hyperthermia or arrhythmia, however other potential causes of death with this history and presentation such as pulmonary thromboembolism and myocardial ischemia due to significant atherosclerotic coronary disease were ruled out. Anatomic brain lesions that might cause seizures were also absent. Toxicologic test results do not suggest drug overdose or poisoning.

Patient Name: HINOJOSA, ALBERT
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 11/15/12 - 1310

Continued....

Patient Account: 20005972-517

Med. Rec. No.: (0150)564760Q

Patient Name: HINOJOSA, ALBERT

Age: 44 YRS DOB: 05/22/68 Sex: M Race: S

Admitting Dr.: OUTSIDE TDCJ

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2859

Autopsy No.: AU-12-00188

CLINICOPATHOLOGIC CORRELATION:

Based on the above considerations it is our opinion that this decedent was vulnerable to the effects of environmental hyperthermia due to pre-existing natural disease, and likely suffered a seizure followed by fatal cardiac arrhythmia as a result. The manner of death is natural.

References:

- [1] Basalt RC, Cravey RH. Disposition of Toxic Drugs and Chemicals in Man, 4th ed. (1995) Foster City, CA: Chemical Toxicology Institute, pp. 336-338.
- [2] Wynek CL, et al. Drug and chemical blood level data 2001. Forensic Sci Int. (2001) 122:107-123.

MVD/da

11/07/12

GERALD A. CAMPBELL, M.D., PATHOLOGIST

(Electronic Signature)

11/14/12

Patient Name: HINOJOSA, ALBERT

Patient Location: AUTOPSY

Room/Bed: -

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END OF REPORT

Patient Account: 20005972-517

Med. Rec. No.: (0150)1128380

Patient Name: **MARCUS, KELLY DON**

Age: 36 YRS DOB: 04/28/75 Sex: M Race: B

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/15/11 0828

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Pathology Report

112 8380

AUTOPSY AMENDED REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00171

AMENDED COMMENT:

The last paragraph of the Clinicopathologic Correlation has been amended as follows:

In summary, it is our opinion that the manner of death is natural. The immediate cause of death is most likely environmental hyperthermia-related classic heat stroke. Toxicology tests and vitreous humor tests did not establish an alternative diagnosis.

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409) 772-2858.

AMENDED DIAGNOSIS

The diagnosis remains unchanged.

DAVID H. WALKER, M.D., PATHOLOGIST
DAVID H. WALKER, M.D., PATHOLOGIST
09/28/11

(Electronic Signature)

RECEIVEDNOV 21 2011 **COPIED AND SENT**

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.

IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
3-contributory COD; 4-concomitant, significant; 5-incidental ***Patient Name: **MARCUS, KELLY DON**Patient Location: **AUTOPSY**

Room/Bed: -

Printed Date / Time: 11/17/11 - 1110

Continued....

Page: 1

Patient Account: 20005972-517

Med. Rec. No.: (0150)1128380

Patient Name: MARCUS, KELLY DON

Age: 36 YRS DOB: 04/28/75 Sex: M Race: B

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/15/11 0828

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00171

AUTOPSY INFORMATION:

Occupation: INMATE

Birthplace: UNKNOWN

Residence: TEXAS

Date/Time of Death: 8/12/2011 04:36

Date/Time of Autopsy: 8/15/2011

Pathologist/Resident: WALKER/XU

Service: TDC CONTRACT

Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

I. Body as a whole: Clinical history of hypertension, hyperlipidemia, obesity, exposure to high ambient temperature (the unit afternoon temperature, 96 OF - 100 OF), sudden unexpected death, and status post unsuccessful cardiopulmonary resuscitation

C1,2

A. Heart: Cardiomegaly (weight 450 g)

A3

B. Heart, left ventricle: Hypertrophy

A3

C. Lungs, bilateral: Congestion and mild edema (weight, right 500 g; left 590 g)

A3

D. Lung, right: Acute food aspiration

A3

E. Bronchus, right: Food aspiration (small amount)

A3

F. Larynx: Food aspiration (small amount)

A3

G. Trachea: Food aspiration (small amount)

A3

H. Coronary arteries: Mild atherosclerosis

A3

II. Other findings:

A. Spleen: Splenomegaly

A4

B. Thyroid: Chronic thyroiditis

A5

C. Gallbladder: Cholesterosis

A5

Patient Name: MARCUS, KELLY DON

Patient Location: AUTOPSY

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Patient Account: 20005972-517
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00171

CLINICAL SUMMARY:

The decedent was a 36-year-old black male TDCJ inmate with a past medical history of hypertension (BP, 142-162/90-94 mmHg), hyperlipidemia and obesity and obesity. His medications were: Medications: Alodipine, Enalapril, Pravastatin and hydrochlorothiazide. On 8/11/2011, the patient complained of pain of his right arm. He went to bed at 2030, which was earlier than usual.

The patient was seen lying on his abdomen by an officer at 0200 on 8/12/2011 but he was not awakened at that time. He was found unresponsive, lying on his abdomen with no respiration in his bed in the cell at 0330 on 8/12/2011. The room had a fan blowing on him. No body temperature was taken. CPR was initiated. He was transported to Otto Kaiser Memorial Hospital at 0434 with CPR in progress. Cardiac monitor showed asystole with no vital signs. Attempted intubation and placement of IV lines were unsuccessful. Cyanosis was present on the face and extremities. Rigor mortis was present in the extremities with dependent lividity in the skin. Despite attempted cardiopulmonary resuscitation, the patient was unable to be revived and was pronounced dead at 0436 on 8/12/2011. The temperature (open to outside) at 1530 in the unit of Connally was 96 deg F on 8/11/2011 and 100 deg F on 8/12/2011.

The body was picked up by Carnes Funeral Home at 1130 on 8/12/2011 and delivered to UTMB at 1630 the same day. A complete autopsy was performed on 8/15/2011.

YX /da
08/29/11

Patient Name: **MARCUS, KELLY DON**
Patient Location: **AUTOPSY**
Room/Bed: -
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Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1128380
Patient Name: **MARCUS, KELLY DON**
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00171

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by right big toe band as "Marcus, Kelly Don", is a well nourished, well developed, black male, measuring 188 cm in length, and weighing approximately 275 lbs according to recent medical records. The general appearance is older than the reported age of 36 years. The body is unclad. Rigor mortis is present in the arms and legs, and there is fixed lividity on the dorsal surfaces. The body is moderately to severely decomposed. The head is normocephalic with essentially no scalp hair.

The irides are brown with equal pupils measuring 0.4 cm in diameter. The corneas are slightly cloudy, the conjunctivae are congested, and the sclerae are edematous and congested. The nares are patent with bloody exudate. The upper and lower teeth are present. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. The abdomen is protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is unremarkable. The arms and legs are unremarkable. The scrotum is enlarged (back to normal size after opening). The penis is normal male for the age.

The following evidence of medical intervention is present: There is no medical intervention present.

The following marks and scars are present: There is an abrasion on the right lower chest, measuring 1.2 x 0.5 cm in size. There are two abrasions observed on the right elbow posteriorly, measuring 0.7 x 0.3 cm and 0.4 x 0.3 cm in size respectively. There are two similar tattoos around each wrist. There is small tattoo on the left middle arm laterally. There is a dry skin area on the left middle chest measuring 6 x 4 cm.

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 6 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The chest cavity is relatively small due to abdominal organs elevating the diaphragm. The left pleural cavity contains no fluid, and the right contains 60 ml of bloody fluid.

The pericardial sac contains 10 ml of clear fluid.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains 200 ml of yellow clear fluid. There are minimal

Patient Name: **MARCUS, KELLY DON**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 11/17/11 - 1110

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1128380
Patient Name: **MARCUS, KELLY DON**
Age: 36 YRS DOB: 04/28/75 Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/15/11 0828
Copies to:

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Fax (409) 772-5883
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00171

GROSS DESCRIPTION:

peritoneal adhesions.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 450 gm (normal male 270-360 gm). The pericardium is essentially smooth. There is scant amount of epicardial fat anteriorly. The left and right coronary ostia are identified in the normal locations. The heart is examined by transverse serial slicing of four sections from the apex and then opening following the flow of blood. The myocardium is homogeneous red-brown with no scars present. The endocardium is normal. The left ventricular wall is 1.5 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 12.5 cm (normal 12-13 cm), pulmonic valve 8 cm (normal 8.5-9.0 cm), mitral valve 11.2 cm (normal 10.5-11.0 cm), and aortic valve 7.5 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. The coronary arteries reveal only minimal atherosclerosis. The aorta exhibits minimal to mild atherosclerosis. The infrarenal aortic segment exhibits minimal atherosclerosis. The celiac, superior and inferior mesenteric, and renal arteries are unremarkable with no atherosclerosis. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: There is scant food debris found in the larynx and trachea. The laryngeal mucosa is normal, and the vocal cords are normal with no lesions. The tracheal mucosa is normal.

Lungs: The right lung weighs 500 gm (normal male 435 gm), and the left 590 gm (normal male 385 gm). The pleural surfaces of the right and left lungs are smooth and transparent with no obvious carbon deposition. Lividity is present in the dorsal surface. There is scant food debris identified in the bronchus of the right lung. The left lung is inflated with formalin before sectioning. The hilar nodes are normal. The lung parenchyma is dark red with fine porosity, and there is no consolidation.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is normal with no lesions.

Tongue: The tongue has a finely granular surface with no coating.

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Patient Account: 20005972-517
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Patient Name: **MARCUS, KELLY DON**
Age: 36 YRS DOB: 04/28/75 Sex: M Race: B
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GROSS DESCRIPTION:

Stomach and duodenum: The stomach contains about 700 to 800 ml of fresh food. The mucosa is normal.

The duodenal mucosa is normal.

Pancreas: The pancreas has a normal conformation. It is tan-yellow, normally lobulated and firm. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains about 10 ml of gray-green bile and with no stones. The mucosa is green and velvety with strawberry-like yellow granules. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1100 gm (normal male 1400-1900 gm). The liver surface is serially sliced to reveal a homogeneous lobular pattern with fine cysts (due to decomposition). The cut surface shows no focal abnormalities.

Small Bowel: The serosa is smooth and transparent with no adhesions. The bowel is normal throughout. The lumen contains pink-brown digested food stuff. The mucosa is normal.

Large bowel: The serosa is smooth and transparent with no adhesions. The lumen contains loosely formed stool. The mucosa is normal.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal.

Reticulo-endothelial System: Spleen: The spleen weighs 290 gm (normal 125-195 gm). It is normal in shape with increased size. The cut surface is soft and red-purple with no lesions.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are normal.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are symmetric. The right kidney weighs 120 gm and the left 130 gm (normal male 125-170 gm). The capsules strip with ease to reveal dark red cortical surfaces. The cut surface reveals poorly demarcated corticomedullary junctions. The pelves and calyces

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GROSS DESCRIPTION:

are normal. The renal pelvic mucosa is normal. Perihilar adipose tissue is moderate.

Ureters: The ureters are normal throughout their length, measuring 0.4 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is normal. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

Testes: The right testis weigh 30 gm, and the left 32.4 gm (normal 20-25 gm). The tunica albugineas are tan-white, smooth and glistening. The cut surfaces are soft and tan-yellow, with no lesions.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 16.9 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent, red-brown with no lesions.

Parathyroids: Several brown soft fragments of tissue are collected as possible parathyroids.

Adrenal glands: The right adrenal gland weighs 6.1 gm and the left 7.6 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position. Serial slicing in the transverse plane reveals 1 mm thick firm golden yellow/brown cortices, with gray soft medullae and no lesions.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1540 gm (normal male 1200-1400 gm). The gyri and sulci display a normal pattern without edema. The leptomeninges are unremarkable. The circle of Willis, basilar and vertebral arteries show no atherosclerosis. No indentation/herniation of the cingulate gyri, uncus or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Blood and vitreous samples were submitted for toxicologic tests. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

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Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00171

GROSS DESCRIPTION:

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Patient Name: **MARCUS, KELLY DON**

Patient Location: **AUTOPSY**

Room/Bed: -

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Med. Rec. No.: (0150)1128380
Patient Name: **MARCUS, KELLY DON**
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Pathology Report

FINAL AUTOPSY REPORT

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Autopsy No.: AU-11-00171

MICROSCOPIC DESCRIPTION:

Heart, right and left ventricle, Slides 11-15, (5 H&E):
There is severe autolysis. In the anterior, lateral, and posterior left ventricle and the septum, cardiomyocytes exhibit hypertrophic. There are no contraction band necroses or fibrosis in the left and right ventricle. There is postmortem bacterial growth in the tissue.

Lung, left, Slides 16 and 17 (2 H&E):
The architecture is preserved and demonstrates congestion. No inflammation or thrombi are noted. There is postmortem bacterial growth in the tissue.

Lung, right, Slides 18-20 (3 H&E):
The architecture is preserved and demonstrates congestion with focal edema. There is vegetable matter in the bronchus and alveolar spaces without inflammatory reaction. Macrophages are seen in the alveolar spaces. No thrombus is noted. There is postmortem bacterial growth in the tissue.

Kidney, bilateral, Slides 3 and 4, (2 H&E):
There is severe autolysis, but the general architecture is preserved without pathologic change. There is postmortem bacterial growth in the tissue.

Adrenal gland, Slides 1 and 2, (2 H&E):
There is autolysis but normal architecture without pathologic change.

Liver, Slide 5, (1 H&E):
There is severe autolysis, but the general architecture is preserved. There is postmortem bacterial growth in the tissue.

Spleen, Slide 6, (1 H&E):
There is severe autolysis. The red pulp is congested, and the white pulp reveals mild atrophy.

Pancreas, Slide 22, (1 H&E):
There is severe autolysis but normal architecture without pathologic change.

Thyroid, Slide 7, (1 H&E):
There is severe autolysis. There are diffuse aggregates of lymphocytes with lymphoid follicle formation. The pathologic change is suggestive of chronic thyroiditis.

Parathyroid, Slide 24, (1 H&E):
No parathyroid is identified, but six pieces of lymph nodes show no pathologic change.

Testes, Slides 1 and 2, (2 H&E):
There is active spermatogenesis.

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MICROSCOPIC DESCRIPTION:

Prostate, Slide 10, (1 H&E):
There is severe autolysis. No pathologic change is noted.

Urinary bladder, Slide 23, (1 H&E):
There is severe autolysis. No pathologic change is noted.

Tongue, Slide 21, (1 H&E):
No pathologic change is noted.

Esophagus, Slide 8, (1 H&E):
There is mucosal autolysis, but otherwise no pathologic change.

Stomach, Slide 8, (1 H&E):
There is mucosal autolysis, but otherwise no pathologic change.

Gallbladder, Slide 8, (1 H&E):
There is severe autolysis, but otherwise no pathologic change.

Jejunum, Slide 9, (1 H&E):
There is severe autolysis, but otherwise no pathologic change.

Sigmoid colon, Slide 9 (1 H&E):
There is severe autolysis, but otherwise no pathologic change.

Bone marrow, 25, (1 H&E):
There is severe autolysis. Cellularity is 50%. There is postmortem bacterial growth in the tissue.

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Autopsy No.: AU-11-00171

CLINICOPATHOLOGIC CORRELATION:

The decedent was a 36-year-old black male TDCJ inmate with a past medical history of hypertension (BP, 142-162/90-94 mmHg), hyperlipidemia and obesity. His medications were: Amlodipine, Enalapril, Pravastatin and hydrochlorothiazide. On 8/11/2011, the patient complained of pain in his right arm. He went to bed at 2030, which was earlier than usual. He was found unresponsive, lying on his abdomen without respirations in his bed in the cell at 0330 on 8/12/2011. No body temperature was taken (the unit afternoon temperature, 96 OF - 100 OF). Cardiopulmonary resuscitation (CPR) was initiated. Rigor mortis was present in the extremities with dependent lividity in the skin. Despite attempted CPR, the patient was unable to be revived and was pronounced dead at 0436 on 8/12/2011. A complete autopsy was performed on 8/15/2011.

At autopsy, the heart revealed cardiomegaly with left ventricular hypertrophy. The aorta revealed no significant atherosclerosis, and the coronary arteries were patent with mild atherosclerosis. Food aspiration was found in the larynx, trachea, and bronchus. Histology showed that most of the organs were severely autolytic with postmortem bacterial growth. Both lungs were congested with mild edema. There is acute food aspiration in the alveolar spaces with no inflammatory reaction.

According to this patient's clinical history and autopsy findings, environmental hyperthermia related heat stroke is considered likely though toxicology tests are still pending. Heat stroke (HS) is a serious and potentially life-threatening condition defined as a core body temperature > 40.60C. Two forms of HS are recognized, classic heat stroke, usually occurring in very young or elderly persons, and exertional heat stroke, more common in physically active individuals. An elevated body temperature and neurologic dysfunction are necessary but not sufficient to diagnose HS. Associated clinical manifestations such as extreme fatigue; hot dry skin or heavy perspiration; nausea; vomiting; diarrhea; disorientation to person, place, or time; dizziness; uncoordinated movements; and reddened face are frequently observed. Potential complications related to severe HS are acute renal failure, disseminated intravascular coagulation, rhabdomyolysis, acute respiratory distress syndrome, acid-base disorders, and electrolyte disturbances. Long-term neurologic sequelae (varying degrees of irreversible brain injury) occur in approximately 20% of patients. The prognosis is optimal when HS is diagnosed early and management with cooling measures and fluid resuscitation and electrolyte replacement begins promptly. The prognosis is poorest when treatment is delayed > 2 hours.

A heat wave is defined as three or more consecutive days of air temperatures > 32.20C. Exposure to excessive heat may cause illness, as heat directly induces tissue injury, the severity of which is dependent upon the critical thermal

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CLINICOPATHOLOGIC CORRELATION:

maximum (i.e., the level and duration of core heating). The critical thermal maximum in humans is a body temperature of 41.6 deg C to 42 deg C for between 45 minutes and 8 hours. At extreme body temperatures (e.g., 49-50 deg C), all cellular structures are destroyed, and cellular necrosis occurs in < 5 minutes.

The precise incidence of HS is unknown for many reasons. First, in the United States, heat-related death is not a reportable condition in any state. Second, the definition of HS varies, resulting in underreporting of HS cases. Third, many heat-related illnesses and deaths are unrecognized as such and are not reported. Therefore, the reported incidence of HS in the United States varies from 17.6 to 26.5/100,000. Why some cases progress to HS and others do not is unclear, but it appears that genetic polymorphisms may determine susceptibility; the likely candidate genes include those that encode cytokines, coagulation proteins, and heat shock proteins. Mortality rates for HS range from 10% to 70%, depending on the severity and age of the patient. The greatest numbers of deaths occur when treatment is delayed for >2 hours.

This patient had several risk factors of HS: lack of air conditioning, chronic illness, obesity, and use of diuretics (hydrochlorothiazide). Studies showed that diuretics may impair thermoregulation. Confirmation of dehydration was attempted via vitreous humor electrolyte analysis, but prolonged postmortem intervals and putrefaction complicated the assessment.

In summary, it is our opinion that the manner of death is natural. The immediate cause of death is most likely environmental hyperthermia-related classic heat stroke though toxicology tests and vitreous humor tests are still pending.

References:

1. Theresa Pluth Yeo, Heat Stroke, A Comprehensive Review, AACN Clinical Issues, 2004; 15 (2): 280-293
2. Prevention and treatment of heat injury. Med Lett Drugs Ther. 2003; 45:58-60.

YX /da
08/29/11

DAVID H. WALKER, M.D., PATHOLOGIST

(Electronic Signature)

09/02/11

Patient Name: **MARCUS, KELLY DON**
Patient Location: **AUTOPSY**
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END OF REPORT

Luis A. Sanchez, M.D.
Chief Medical Examiner



Main: (713) 796-9292
Fax: (713) 796-6844

Harris County Institute of Forensic Sciences

AUTOPSY REPORT

Case No. ML11-2363

August 10, 2011

ON THE BODY OF

1395315

Michael David Martone
Texas Department of Corrections
Huntsville, Texas

CAUSE OF DEATH: Hyperthermia

CONTRIBUTORY CONDITION: Hypertensive and atherosclerotic
cardiovascular disease

MANNER OF DEATH: Accident

DATE OF DEATH: August 8, 2011

A handwritten signature in black ink, appearing to read "Brandy Shattuck".

Brandy Shattuck, M.D.
Forensic Pathology Fellow

11/7/11

MMDDYY

Reviewed by:

RECEIVED

NOV 10 2011 *cm*

COPIED AND SENT

A handwritten signature in black ink, appearing to read "Merrill O. Hines III".

Merrill O. Hines III, M.D.
Assistant Medical Examiner

11/8/11

MMDDYY

ML11-2363

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POSTMORTEM EXAMINATION ON THE BODY OF

Michael David Martone
Texas Department of Corrections
Huntsville, Texas

HISTORY: This 57 year old white man was transported to Memorial Hermann Texas Medical Center Hospital, via Life Flight, arriving at 9:31 p.m. on August 8, 2011, and was pronounced dead at 10:22 p.m. the same day.

AUTOPSY: The autopsy is performed at the Harris County Institute of Forensic Sciences by Forensic Pathology Fellow Brandy Shattuck, M.D., under the supervision of Assistant Medical Examiner Merrill O. Hines III, M.D., pursuant to Article 49.25, Texas Code of Criminal Procedure, beginning at 9:45 a.m. on August 10, 2011.

EXTERNAL APPEARANCE: The body is that of a normally developed, obese man clad in white shorts and white underwear. Within the white body bag are a green blanket and a white blanket.

The body weighs 300 pounds, is 75 inches in length, and appears compatible with the reported age of 57 years. Rigor mortis is not developed in the upper and lower extremities, neck, or jaw. Fixed red-purple lividity is posterior. The body is cool secondary to refrigeration.

The scalp hair is brown intermixed with gray and approximately 1/2 inch in length. There is no facial hair. The irides are brown. The corneae are clear, the conjunctivae are congested, and the sclerae are congested. There are no petechiae. The external auditory canals, nares, and oral cavity are free of foreign material. Purge fluid is in the oral cavity. The nasal septum is palpably intact. The lips are without injury. The lower teeth are natural. The upper teeth are absent.

Examination of the neck reveals no evidence of injury. The abdomen is protuberant.

The extremities have symmetric musculature with no hesitation scars or needle tracks.



Michael David Martone
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The external genitalia are those of an adult male with descended testicles. The posterior torso is symmetric.

IDENTIFYING MARKS AND SCARS: There are no scars. Multiple tattoos are present: on the right forearm, a Harley-Davidson logo and dragon; on the right upper arm, a dragon; on the left chest, the phrase "BROWN EYED LADY"; on the left arm, a skull with the name "ROXANNE" underneath; on the left forearm, the word "OUTLAW"; on the left wrist, a flower; on the right leg, a cat; on the right chest, an unidentified symbol; and on the left chest, a flower.

EVIDENCE OF THERAPEUTIC INTERVENTION: An endotracheal tube is positioned appropriately in the mouth. An intravenous catheter is on the posterior aspect of the right hand. Multiple electrocardiogram adhesive electrode pads are on the anterior chest and torso. Defibrillator pads are on the anterior right chest and lateral left chest. A bandage is in the right antecubital fossa overlying a needle puncture mark with associated ecchymosis.

EVIDENCE OF INJURY: A punctate wound is on the right anterior ankle.

INTERNAL EXAMINATION:

BODY CAVITIES: No adhesions are in any of the body cavities. No abnormal collections of fluids are within the body cavities. All internal organs are in the normal anatomic position. The subcutaneous fat layer of the abdominal wall is 3 inches thick.

HEAD (CENTRAL NERVOUS SYSTEM): The subscalp tissues are free of contusions. The calvaria are unremarkable. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage. The 1575 gram brain is normal in shape. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. The cerebral cortical ribbon is well-demarcated from the white matter. The deep nuclei and ventricles have the standard configuration with no lesions. Parasagittal views of the cerebellum and transverse views of the brainstem are unremarkable.

NECK: The strap muscles of the neck are without hemorrhage. The tongue has a single 4 millimeter focus of hemorrhage in the deep musculature, without overlying

Michael David Martone

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mucosal injury. The hyoid bone and thyroid and cricoid cartilages are intact. The laryngeal mucosa is tan and glistening with no edema. The epiglottis is thin without edema. The atlanto-occipital articulation is stable. No cervical fractures are palpated.

CARDIOVASCULAR SYSTEM: The 550 gram heart has a smooth, glistening epicardial surface with a moderate amount of epicardial fat. The coronary artery system is normally distributed, has patent ostia and a right-dominant distribution. A yellow eccentric atherosclerotic plaque produces approximately 80-90 percent stenosis of the distal left anterior descending coronary artery. The circumflex and right coronary arteries are patent. The myocardium is red-brown, without pallor or fibrosis. The muscle is diffusely soft. The atrial and ventricular septa are intact. The wall thickness of the left ventricle is 1.7 centimeters, the right ventricle 0.3 centimeter, and the septum 1.7 centimeters. The chambers of the heart are not dilated. The endocardial surfaces are smooth and without hemorrhage. The four cardiac valves are thin, freely mobile, and measure as follows: tricuspid valve 13.5 centimeters, pulmonic valve 8.2 centimeters, mitral valve 11.0 centimeters, and aortic valve 7.5 centimeters.

The aorta and its major branches arise normally and follow their usual distribution, with scattered calcific atherosclerosis throughout. The venae cavae and their major tributaries return to the heart in their usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: The 1200 gram right lung and the 1125 gram left lung have normal lobation. The pleural surfaces are smooth and shiny, with abundant anthracotic pigment deposition. The parenchyma is edematous and congested, without masses or hemorrhage. Cut surfaces exude copious amounts of serosanguineous fluid. The bronchi are unremarkable. The vasculature is without thromboemboli.

HEPATOBIILIARY SYSTEM: The 1475 gram liver has a smooth, glistening intact capsule covering a dark red-brown, spongy parenchyma, without focal lesions or visible or palpable fibrosis.

The gallbladder contains greater than 30 milliliters of green-brown, viscous bile; the mucosa is velvety with yellow flecks. The extrahepatic biliary tree is patent, without evidence of calculi.

Michael David Martone
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ALIMENTARY SYSTEM: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa exhibits the usual rugal folds and the lumen contains approximately 100 milliliters of red, thin fluid with no alcoholic aromatic odor, granular material or intact pills. The small intestines, colon, and appendix are unremarkable. The pancreas has a pink-tan lobulated appearance and the ducts are clear.

GENITOURINARY SYSTEM: The renal capsules are smooth, thin, and semi-transparent. The underlying cortical surfaces are smooth and pale tan. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The right kidney weighs 225 grams and the left kidney weighs 250 grams.

The urinary bladder has no urine; the mucosa is pink-white and congested. The testes, prostate gland, and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM: The 275 gram spleen has a smooth, intact capsule covering dark red-purple, soft parenchyma; the white pulp is grossly unremarkable. The regional lymph nodes are not enlarged.

ENDOCRINE SYSTEM: The thyroid gland has a normal shape and size with a uniform red-brown parenchyma. The parathyroid glands are inconspicuous. The adrenal cortices are golden yellow and uniformly thin while the medullae are thin and gray. The pituitary gland is unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs, and pelvis are without fracture or developmental abnormality. The musculature is normally distributed; a single 1.6 centimeter focus of intramuscular hemorrhage is in the right forearm near the wrist. The diaphragm is intact.

TOXICOLOGY: Blood, vitreous fluid, urine, bile, stomach contents, liver and brain are submitted.

HISTOLOGY: Representative sections of the heart, lungs, liver, kidney, pancreas, spleen, thyroid, adrenal, subcutaneous right arm hemorrhage, and brain are submitted.

MICROBIOLOGY: Heart blood is submitted for aerobic and anaerobic cultures.

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PATHOLOGIC DIAGNOSES

- I. Hyperthermia
 - A. History of weakness and light-headedness per nursing visit on August 8, 2011
 - B. Witnessed collapse in unit, per report
 - C. Wide complex tachycardia and hypotensive with Progression to PEA, per EMS run sheet
 - D. Bladder temperature of 106.5, per medical records
 - E. Unit maximum temperature of 105.3 per Huntsville unit temperature log
- II. Hypertensive and atherosclerotic cardiovascular disease
 - A. Cardiomegaly with concentric left ventricular hypertrophy
 - B. Myocyte hypertrophy with associated myocardial fibrosis
 - C. 80 percent stenosis, left anterior descending coronary artery
 - D. Nephro- and arteriolosclerosis
- III. Pulmonary anthracosis with emphysema
- IV. Clinical history of seizure disorder treated with Dilantin
- V. Clinical history of depression treated with nortriptyline
- VI. Early decomposition
- VII. Ancillary Studies
 - A. Microbiology, non-contributory
 1. Blood cultures: *Clostridium sordellii* consistent with putrefaction
 - B. Toxicology, non-contributory
 1. Postmortem toxicology
 - a. Ethanol of 0.03 g/dL in heart blood consistent with early decomposition; refer to attached toxicology report
 - b. Prescribed medications in postmortem blood sample; refer to attached toxicology report
 2. Vitreous electrolytes
 - a. Non-contributory; elevated potassium consistent with early decomposition; no evidence of dehydration in postmortem sample

HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES
1885 OLD SPANISH TRAIL
HOUSTON, TEXAS 77054-2001

Brandy Shattuck, M.D.
Forensic Pathology Fellow

ML11-2363

MICROSCOPIC EXAMINATION

LIVER - Autolysis with background fibrosis.

KIDNEY - Sclerotic glomeruli, arteriosclerosis, nephrosclerosis.

BRAIN - Perivascular clearing with associated pigment.

LUNGS - Atelectasis, congestion, anthracosis, airspace enlargement with alveolar septal destruction.

HEART - Myocyte hypertrophy with associated interstitial and perivascular fibrosis, bacteria without associated inflammation.

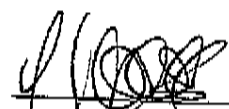
PANCREAS - Autolysis with associated fat necrosis.

THYROID - No histopathologic abnormality.

ADRENAL - No histopathologic abnormality.

SPLEEN - No histopathologic abnormality.

SKIN AND SUBCUTANEOUS HEMORRHAGE - Hyperkeratotic epidermis with underlying intramuscular hemorrhage without associated inflammation.



Brandy Shattuck, M.D.
Forensic Pathology Fellow

11/3/11

MMDDYY

OFFICE OF THE MEDICAL EXAMINER OF HARRIS COUNTY
 JOSEPH A. JACHIMCZYK FORENSIC CENTER
 1885 OLD SPANISH TRAIL
 HOUSTON, TEXAS 77054-2098

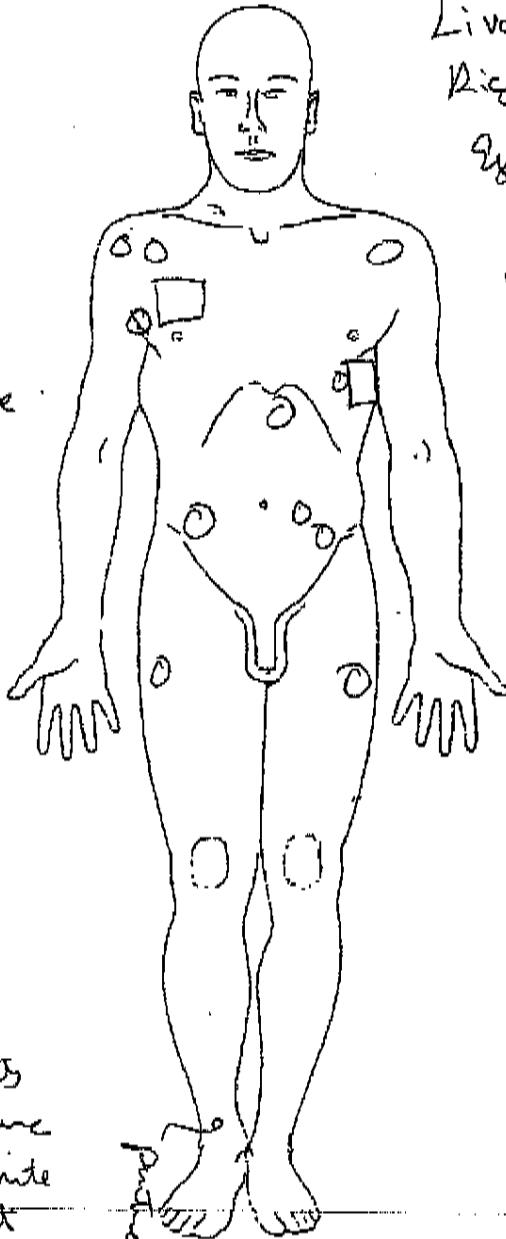
CASE NO: ML11-2363

DECEDENT'S NAME: Martone, Michael

DOCTOR'S SIGNATURE: _____

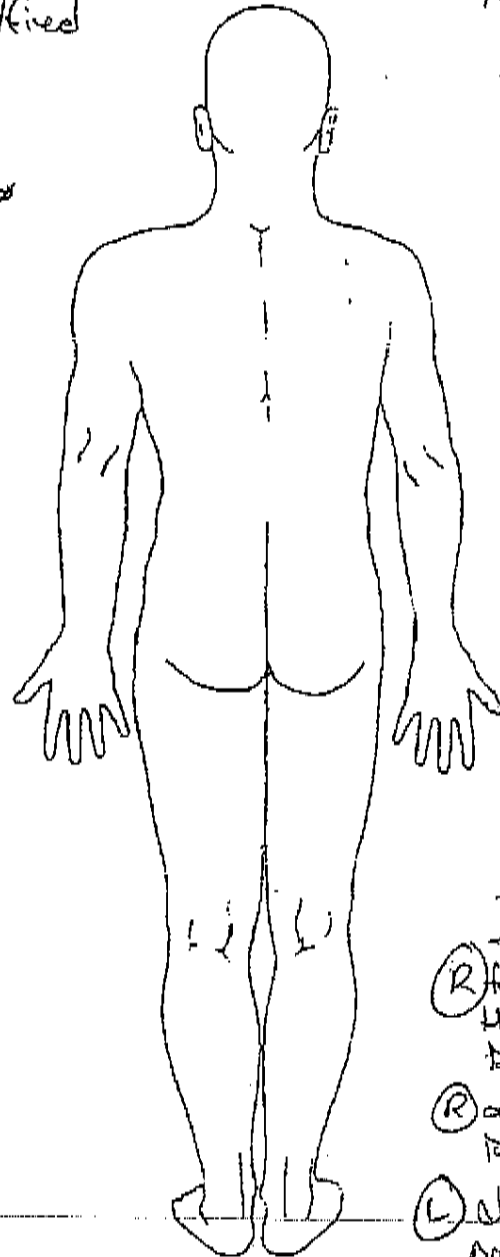
[Handwritten signature]

Hoop
 ET
 Foley
 Cold pack
 in pants
 (B) hand
 IV
 (B) antecub
 bundle



Liver - post/fixed
 Rigor ☒
 Eyes Brown
 Cystic duct
 pelone
 Hair
 brown/gray
 1/2 inch
 Nails
 intact

Hoop ID
 L wrist
 Me ID L
 wrist



White pants
 white underwear
 Cream & white
 blanket

[Handwritten note: pants wet]

Tattoo
 (R) forearm
 Harley
 Davidson
 (R) arm
 tattooed
 (L) chest
 Brown Eye logo
 (b) arm Skull
 Roxane
 (L) Forearm
 Outlaw
 (b) wrist Skull

Page 1 of 1
 Not to scale

(L) Leg 7 cct
 (R) Ribcage
 (L) Leg
 Amp
 neck
 hairs

HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

1885 Old Spanish Trail
Houston, Texas 77054-2001
Phone: 713-796-6830 Fax: 713-796-6838

LABORATORY REPORT

September 22, 2011

LABORATORY NUMBER: ML11-2363



Deceased: MICHAEL DAVID MARTONE

Submitted By:

Brandy Shattuck, M.D.
Forensic Pathology Fellow
Harris County Institute of Forensic Sciences
1885 Old Spanish Trail
Houston, TX 77054

Agency Number: ML11-2363
Submission Date: August 10, 2011

Specimen: Blood (heart)

Analyte

Ethanol
Nortriptyline

Result

0.03 g/dL
Presumptive positive

Analytical Method

Headspace GC
GC/MS

Specimen: Vitreous Humor

Analyte

Chloride
Creatinine
Glucose
Potassium
Sodium
Urea Nitrogen

Result

104 mEq/L
0.9 mg/dL
21 mg/dL
12.0 mEq/L
139 mEq/L
11 mg/dL

Analytical Method

Ion Selective Electrode
Spectrophotometric
Spectrophotometric
Ion Selective Electrode
Ion Selective Electrode
Spectrophotometric

Specimen: Bile

Analyte

Ethanol, Methanol, Isopropanol, Acetone

Result

None Detected

Analytical Method

Headspace GC

Specimen: Blood (heart)

Analyte

7-aminoclonazepam
Acetone, Methanol, Isopropanol
Alprazolam
Amphetamine
Barbiturates
Clonazepam
Cocaine Metabolite
Desalkylflurazepam
Diazepam
Lorazepam
Marijuana Metabolite
Methadone
Methamphetamine
Nordiazepam

Result

None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected
None Detected

Analytical Method

LC/MS/MS
Headspace GC
LC/MS/MS
Immunoassay
Immunoassay
LC/MS/MS
Immunoassay
LC/MS/MS
LC/MS/MS
LC/MS/MS
Immunoassay
Immunoassay
Immunoassay
LC/MS/MS

Medical Examiner's Initial

Unless otherwise requested, toxicology specimens will be discarded one year after date of receipt.
This Laboratory is Accredited by ASCLD/LAB-International and ABFT.

100-55940-1000000

LABORATORY NUMBER: ML11-2363

DATE: September 22, 2011

Specimen: Blood (heart)

Analyte

Opiates
Other Standard Basic Drugs
Oxazepam
Phencyclidine
Temazepam
Triazolam

Result

None Detected
None Detected
None Detected
None Detected
None Detected
None Detected

Analytical Method

Immunoassay
GC/MS
LC/MS/MS
Immunoassay
LC/MS/MS
LC/MS/MS

Specimen: Vitreous Humor

Analyte

Ethanol, Methanol, Isopropanol, Acetone
Ketones

Result

None Detected
None Detected

Analytical Method

Headspace GC
Color Test

INSTITUTE OF FORENSIC SCIENCES

SEP. 22 2011

RECEIVED
RECORDS CUSTODIAN

F. Gualo

Fcsessework Gualo, DVM, D-ABVT, FTS-ABFT
Assistant Chief Toxicologist
September 20, 2011

Ashraf Mozayani

Ashraf Mozayani, Ph.D., D-ABFT,
Chief Toxicologist
September 22, 2011

Medical Examiner's Initial

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HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES
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Houston, Texas 77054-2001
Phone: 713-796-6830 Fax: 713-796-6838
LABORATORY SUPPLEMENTAL REPORT

October 24, 2011

LABORATORY NUMBER: ML11-2363

Deceased: MICHAEL DAVID MARTONE

Submitted By:

Brandy Shattuck, M.D.
Forensic Pathology Fellow

Harris County Institute of Forensic Sciences
1885 Old Spanish Trail
Houston, TX 77054

Agency Number: ML11-2363

Submission Date: August 10, 2011

Specimen: Blood (heart)

Analyte

Nortriptyline

Phenytoin

Result

1.1 mg/L

6.2 mg/L

Analytical Method

GC/MS

GC/MS

Specimen: Stomach Contents

Analyte

Nortriptyline

Result

3.0 mg/L

Analytical Method

GC/MS

Specimen: Blood (heart)

Analyte

Amitriptyline

Result

None Detected

Analytical Method

GC/MS

Specimen: Stomach Contents

Analyte

Amitriptyline

Result

None Detected

HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

GC/MS

OCT 25 2011

RECEIVED
RECORDS CUSTODIAN

MB

Lynn DeCuir

Lynn DeCuir, B.S., T.C. (N.R.C.C.), FTS-ABFT
Toxicologist
October 22, 2011

Jeff Walterscheid

Jeff Walterscheid, Ph.D., D-ABFT
Assistant Chief Toxicologist
October 24, 2011

Medical Examiner's Initial

[Signature]

Unless otherwise requested, toxicology specimens will be discarded one year after date of receipt.
This Laboratory is Accredited by ASCLD/LAB-International and ABFT.